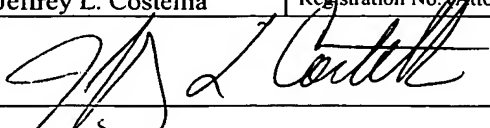


UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.		New Application	
		First Inventor		Akira ISHIKAWA	
Title		SEMICONDUCTOR ELEMENT, SEMICONDUCTOR DEVICE, AND METHODS FOR MANUFACTURING THEREOF			
		Express Mail Label No.			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
3. <input checked="" type="checkbox"/> Specification [Total Pages 43 ] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)			
- Descriptive title of the invention		b. Specification Sequence Listing on:			
- Cross Reference to Related Applications (if applicable)		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or			
- Statement Regarding Fed sponsored R & D (if applicable)		ii. <input type="checkbox"/> paper			
- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)		c. <input type="checkbox"/> Statements verifying identity of above copies			
- Background of the Invention		<b>ACCOMPANYING APPLICATION PARTS</b>			
- Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
- Brief Description of the Drawings (if filed)		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney			
- Detailed Description		11. <input type="checkbox"/> English Translation Document (if applicable)			
- Claim(s)		12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations			
- Abstract of the Disclosure		13. <input type="checkbox"/> Preliminary Amendment			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets 8 ]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
5. Oath or Declaration [ Total Pages <input type="checkbox"/> ]		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) Japanese Application 2003-118731 Filed April 23, 2003			
a. <input type="checkbox"/> Newly executed (original or copy)		16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
b. <input type="checkbox"/> Unsigned		17. <input type="checkbox"/> Other: _____			
c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)					
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)					
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____ Prior application information: Examiner _____ Group / Art Unit: _____					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22204		or <input type="checkbox"/> Correspondence address below	
Name _____					
Address _____					
City _____		State _____		Zip Code _____	
Country _____		Telephone _____		Fax _____	
Name (Print/Type)		Jeffrey L. Costellia		Registration No. (Attorney/Agent) 35,483	
Signature				Date April 20, 2004	